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PATENT APPLICATION FEE DETERMINATION RECORI	D 1,
Effective October 1, 2000	

Application or Docket Number
091892547
3/2/=0200
SOLO OLOKE

		CLAIMS AS			(Column 2)			SMALL ENTITY			OR SMALL ENTITY		
TOTAL CLAIMS		(Column 1)		Column 2)		١,			UH I				
TOTALODAMO		i 8					RATE	FEE		RATE	FEE		
FOR N			NUMBER F	NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00	
TOTAL CHARGEABLE CLAIMS / 8 minu				us 20=	. 6			X\$ 9=	_	OR	X\$18=		
INDEPENDENT CLAIMS 2				inus 3 = 6				X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	/	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							į	TOTAL	355	OR	TOTAL		
CLAIMS AS AMENDED - PART II								`			OTHER	THAN	
(Column 1) (Column 2) (Column 3)							<u></u>	SWALL	ENTITY	OR	SMALL	YTITM	
NT A	A	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	· 14 .	Minus	3	0	=/		X\$ 9=		OR	X\$18=		
AME	Independent	. 2	Minus	***	3	=	7	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=										OR	+270=		
								TOTAL		OR	TOTAL		
	ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE												
	1	CLAIMS		HIGH	HEST	ì	ו ר		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE	
30	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
BE	Independent	•	Minus	•••		<u> -</u>	_	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	TCLAIM		ال						
		•						+135=		OR	+270=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
200	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
RE	Independent	•	Minus	***		=		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									<u> </u>				
••	If the "Highest Nu	mber Previously P	aid For IN THI	S SPACE	is less tha	ın 20, enter "2	0.	TOTAL ADDIT. FEE	L	OR	TOTAL ADDIT: FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													